

AO 435 AZ Form (Rev. 10/2023)		Administrative Office of the United States Courts TRANSCRIPT ORDER		FOR COURT USE ONLY DUE DATE:	
1. NAME John Hibbard		2. PHONE NUMBER 650-933-8969		3. DATE 08/12/2025	
4. FIRM NAME Paul Hastings LLP					
5. MAILING ADDRESS 1117 California Avenue		6. CITY Palo Alto		7. STATE California	8. ZIP CODE 94304
9. CASE NUMBER 2:24-cr-01040	10. JUDGE Roslyn O. Silver		DATES OF PROCEEDINGS 11. 08/12/2025 12.		
13. CASE NAME USA v. Gehrke et al		LOCATION OF PROCEEDINGS 14. CITY Phoenix 15. STATE Arizona			
16. ORDER FOR <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER (Specify)					
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)	
<input checked="" type="checkbox"/> SENTENCING		08/12/2025			
<input type="checkbox"/> BAIL HEARING					
18. ORDER					
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)	ESTIMATED COSTS
30-Day (Ordinary)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY <input checked="" type="checkbox"/> PDF (e-mail) <input type="checkbox"/> ASCII (e-mail)	
14-Day Transcript	<input type="checkbox"/>	<input type="checkbox"/>			
7-Day (Expedited)	<input type="checkbox"/>	<input type="checkbox"/>			
3 -Day Transcript	<input type="checkbox"/>	<input type="checkbox"/>			
Next-Day (Daily)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
2-Hour (Hourly)	<input type="checkbox"/>	<input type="checkbox"/>			
Realtime Transcript	<input type="checkbox"/>	<input type="checkbox"/>		E-MAIL ADDRESS jackhibbard@paulhastings.com	
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.	
19. SIGNATURE John Hibbard					
20. DATE 08/12/2025					
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL	
ORDER RECEIVED	DATE	BY		PROCESSED BY	PHONE NUMBER
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	
TRANSCRIPT RECEIVED				LESS DEPOSIT	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	

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